Approved For Release 2004/08/17 : CIA-RDP67-00424R000200050009-4 DIRECTIONS FOR COMPLETING FORM 45, FITNESS REPORT

GENERAL

1. POLICY

It is Organization policy to inform employees of the effectiveness of their work performance. Organization policy also requires that supervisors record at least once each year their
opinions and evaluations of the work performance of employees under their jurisdiction. Evaluations will also be
made whenever it is necessary or desirable to provide Organization management with information which may be pertinent to future personnel actions affecting these individuals.

outlines policies concerning the requirements for submitting initial, annual, reassignment and special

ments for submitting initial, annual, reassignment and special reports, showing the report to the employee and appeals procedure. The Fitness Report, Form 45, is used to record evaluations. However, an evaluation in memorandum form may be substituted for Form 45 for employees in Grades GS-14 and above.

2. SUBMISSION

The Fitness Report will be submitted in duplicate to the Head of the Career Service concerned. The Head of the Career Service will retain one copy and will forward the original to the Office of Personnel.

3. INITIAL REPORT

A Fitness Report will be prepared for each employee as of nine months after his entrance on duty with the Organization. An initial report need not be made when a Fitness Report has already been made for some other purpose within 90 days prior to the due date of the initial report. The initial report is of particular importance in providing a record of the supervisor's evaluation of the employee before the employee has completed his twelve-month trial period. An initial report may be deferred for a period not to exceed 30 days beyond the due date to provide the supervisor with additional time to evaluate an employee who has been under his jurisdiction for less than 90 days.

4. ANNUAL REPORT

A Fitness Report will be prepared annually for each employee, except when a Fitness Report has been made for some other purpose within 90 days prior to the due date of the annual report. An annual report may be deferred until the employee has been under the jurisdiction of the supervisor for 90 days.

DUE IN OFFICE OF PERSONNEL

SCHEDULE FOR SUBMISSION OF ANNUAL REPORTS

GRADES FOR PERIOD ENDING FROM HEADQUARTERS FROM FIELD 31 March GS-6 through GS-8 30 June 31 July 31 August 30 November

GS-9 through GS-11 30 September 31 October 30 November GS-12 and GS-13 31 December 31 January 28 February GS-14 and above 31 March 30 April 31 May

5. REASSIGNMENT REPORT

Supervisors will prepare a Fitness Report when the supervisor is changed by the reassignment of the employee or the super-

visor. When the supervisor is reassigned and has numerous reassignment reports to prepare he needs to complete only Section B of the report.

Approved For Release 2004/08/17: CIA-RDP67-00134R000200050009-4

DIRECTIONS FOR COMPLETING FORM 45, FITNESS REPORT

SECTION A - GENERAL

The items of this section should be completed by the appropriate administrative or personnel officer. Special instructions for completing or omitting items of this part of the report should be carefully observed on Field Transmittal — Fitness Report, Form 45a.

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES AND OF OVERALL PERFORMANCE

Rating Scale

The rating scale as set forth in this section in Form 45, Fitness Report, is to be used to reflect evaluation of Specific Duties and of Overall Performance. In making your selection of the adjective evaluation for Section B and in completion of the narrative in Section C the following factors should be considered as appropriate:

Cost Consciousness
Security Consciousness
Ability to Think Clearly
Supervisory Effectiveness
Acceptance of Responsibility
Foreign Language Competence
Effectiveness of Oral Expression
Effectiveness of Written Expression

Mobility
Initiative
Versatility
Productivity
Decisiveness
Resourcefulness
Cooperativeness
Records Discipline

Rating of Performance of Specific Duties

In this section the supervisor will list in order of importance the most significant duties the employee has performed during the rating period. Each duty shall be described in sufficient detail to provide information which may be useful later in considering individuals for other assignments. Your evaluation should be recorded by entering the appropriate letter in the box provided for your evaluation of each duty.

Rating of Overall Performance in Current Position

In making this rating the supervisor should take into account the employee's conduct on the job as well as his performance on all specific duties. Each supervisor will weigh these factors in his own mind so as to arrive at a rating which will reflect an employee's overall value on the job.

SECTION C - NARRATIVE COMMENTS

In this section the supervisor describes the employee's demonstrated abilities or deficiences in the performance of his present job. This may include comments regarding a specific duty by direct reference to that duty. Any relatively high or low

ratings in Section B should be explained or amplified by supporting statements. In addition, the supervisor may comment here on any extenuating circumstances which affect the productivity and effectiveness of the employee. Comment should be made on the relative performance of the person being rated with other people known to the rater doing comparable work. In commenting on the manner of performance of managerial or supervisory responsibilities, abilities and skills in such as the following should be considered:

Delegation of responsibility
Establishment and maintenance of clear lines of authority
Use of personnel, space, equipment, funds, etc.
Formulation and coordination of programs
Developing teamwork

In completing the ratings on Career-Provisional employees comment should be made on the intent, capability and desire of the individual to fulfill the service obligations of the Career Service to which he is assigned.

SECTION D - CERTIFICATION AND COMMENTS

The person being rated may attach to his fitness report a memorandum concerning any part of the report. The memorandum will be attached to the original for inclusion in the Official Personnel Folder.

Reviewing officials are responsible for assuring that all reports made by rating officials under their jurisdiction are consistent and reflect uniform standards of reporting. Through the counseling and supervision of rating officials, reviewing officials can play a major role in improving the operation of the Fitness Report program.

In addition, reviewing officials should as a matter of practice submit a brief narrative evaluation of the performance and potential of the individual being rated, noting the degree to which he is personally familiar with the individual and his work. Even though the reviewing official may not be able to evaluate the individual from firsthand experience with him, it is likely that the reviewing official may be able to contribute useful information concerning future utilization or training of the individual based on the review of his record of performance and assignments.

If the reviewing official is in substantial disagreement with the rating official he should state whether or not he has discussed the evaluation with the rating official and the employee.

When a person departs an overseas station without having been shown his Fitness Report, it is incumbent upon the Career Service to have the report shown to the individual.

Approved For Release 2004/05 CRECIA-RDP67-00134R000200050009-4

	F	ITNESS REP	PORT				EMPLO	OYEE SERIAL NUM	BER
	•			<u> </u>					
SECTION A				ERAL	E OF BIRTH	3. SEX	4. GRA	DE 5. SD	
1. NAME	(Last)	First) (1	Middle)	2. DAI	E OF BIRTH	J. 3LX	7. 01.7		
6. OFFICIAL POSI	TION TITLE			7. OF F	/DIY/BR OF	ASSIGNMENT	8. CUR	RENT STATION	
				10. CH	ECK (X) TYPE	OF REPOR	<u> </u>		
CAREER	RESERVE	TEMPOR	DARV		INITIAL			REASSIGNMENT SU	PERVISO
	OVISIONAL (See instr				ANNUAL		1 - 1	RE ASSIGNMENT EI	MPLOYEE
SPECIAL (SI					SPECIAL (Spe	cify):			
11. DATE REPORT		. ,,		12. RE	PORTING PER	RIOD (From-	to-)		
SECTION B	· · · · · · · · · · · · · · · · · · ·	PER	FORMANCE	FVA	LUATION				
W - Weak	Performance ranges positive remedial a probation, to reassi	from wholly ina	idequate to s	lightly	less than sat	caunselina.	ta turti	ner trainina, to bi	requires acing an
A - Adequate	Performance meets	all requirements	. It is entire	ely sat	isfactory and	is character	ized ne	either by deficien	cy nor
P - Proficient	Performance is mor	than satisfacto	ory. Desired	result	s are being p	roduced in a	profici	ent manner.	
S - Strong	Performance is cha								
O - Outstanding	Performance is so others doing similar	exceptional in re	latian to rea	uireme	nts of the wo	rk and in co	mpari so	n to the performa	nce of
			SPECIFI						
SPECIFIC DUTY N	responsibilities MUS	, , , , , , , , , , , , , , , , , , , ,							RATING LETTER
SPECIFIC DUTY N	0. 2								RATING LETTER
SPECIFIC DUTY N	0. 3			-					RATING LETTER
SPECIFIC DUTY N	0.4								RATING LETTER
SPECIFIC DUTY N	O. 5								RATING LETTER
									1
SPECIFIC DUTY N	0, 6	Ade							RATING LETTER
		OVERALL PE	DEUDMYNG	TE IN	CURRENT	PUSITION			
		JVERALL PE	KTUKMANC	_= IN	CUKKENI	LOSITION			RATING
formance of spe	nt everything about the cific duties, productions or talents. Basen the rating box correct Approved 1	tivity, conduct ad on your know	on job, coop wledge of en statement w	erative nplaye vhich n	ness, pertine e's overall pe nost accuratel	ent personal erformance o y reflects hi	traits during t is level	or habits, and the rating period, of performance.	LETTER

Excluded from outomat downgrading and declassification

SECRET (When Filled In)

SECTION C Approved	For Release 1200 RATEM F COMMENTS	67-00134R000200050009-4
Indicate significant strengths or we overall performance. State suggest on foreign language competence, if	aknesses demonstrated in current position ke ions mode for improvement of work performance required for current position. Amplify or exp	67-00134R000200050009-4 Deping in proper perspective their relotionship to ce. Give recommendations for training. Comment lain ratings given in Section B to provide best riol or supervisory duties must be described, if
SECTION D	CERTIFICATION AND COMME	!NTS
1.	BY EMPLOYEE	
	RTIFY THAT I HAVE SEEN SECTIONS A, B, AND	D C OF THIS REPORT
DATE	SIGNATURE OF EMPLOYEE	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO E	MPLOYEE, GIVE EXPLANATION
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL .	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
		THE SALE MANUE AND SIGNATURE

Approved For Release 2004/05/17/11/6/14-RDP67-00134/R000200050009-4

		FITNESS	REPORT				EMPLOYEE	SERIAL NUM	BER
							<u> </u>		
SECTION A		(71 - 1)	(Middle)	ENERA	TE OF BIRTH	3. SEX	4. GRADE	5. SD	
1. NAME	(Last)	(First)	(Middle)	2. 04	TE OF BIRTH	0. 3L X	4. GKADE	0.52	
6. OFFICIAL POS	TION TITLE			7. OF	F/DIV/BR OF A	SSIGNMENT	8. CURREN	TSTATION	
9. CHECK (X) TYP	SE OF APPOINT	AENT		10. C	HECK (X) TYPE	OF REPOR	 Т		
CAREER	RESERV		EMPORARY		INITIAL		REAS	SIGNMENTSU	PERVISO
	ROVISIONAL (See	instructions - Se	ection C)		ANNUAL		REAS	SSIGNMENT E	MPLOYEE
SPECIAL (S					SPECIAL (Spe	cify):			
11. DATE REPORT	DUE IN O.P.			12. R	EPORTING PER	IOD (From-	to-)		
SECTION B			PERFORMAN	ICE EV	ALUATION				
W - <u>Weak</u>	nositive romes	anges fram whol lial actian. The eassignment of	nature of the c	action co	uld range tram	caunselina.	ta turther ti	raining, ta pi	requires acing an
A - Adequate	Performance mexcellence.	eets all require	ements. It is e	ntirely so	tisfactary and	is character	rized neithe	r by deficien	cy nar
P - <u>Praficient</u>		s mare than sati				oduced in a	praficient r	manner.	
S - Strong		s chorocterized							
O - Outstanding	Perfarmance i athers daing s	s so exceptiana imilar work as t	l in relatian ta ta warrant spec	requirem ial recag	ents of the war nitian.	k and in ca	mparison ta	the performa	nce af
			SPEC	IFIC D	JTIES				
Elst op ta six of manner in which e with supervisary SPECIFIC DUTY N	respansibilities	MUST be rated	an their abilit	y ta supe	rvise (indicate	number of e	employees s	upervised).	RATING LETTER
SPECIFIC DUTY N	0, 2				W-12-18-18				RATING LETTER
SPECIFIC DUTY N	0. 3		1-78						RATING LETTER
SPECIFIC DUTY N	10. 4								RATING LETTER
SPECIFIC DUTY N	10, 5								RATING LETTER
SPECIFIC DUTY N	10. 6								RATING LETTER
		OVERAL	L PERFORMA	NCE IN	CURRENT F	POSITION			DATING
Take into accour farmance of spe particular limitat place the letter i	cific duties, pricions ar talents. n the roting box	oductivity, con Bosed an vou	iduct an job, c r knowledge of to the stotemer	aoperativ Femploye nt which	eness, pertine ee's averall pe most occurotely	nt persanal erformance o y reflects hi	traits ar ho during the re is level of p	abits, and ating period, performonce.	RATING LETTER

GRGUP 1 Excluded from automot downgrading and

SECRET (When Filled In)

SECTION C Approved	For Release MARASIYE COMMENTS	7-00134R000200050009-4
Indicate significant strengths or we overall performance. State suggest	oknesses demonstrated in current position ker ions made for improvement of work performanc required for current position. Amplify or expl	eping in proper perspective their relationship to e. Give recommendations for training. Camment ain ratings given in Section B ta provide best ial or supervisory duties must be described, if
SECTION D	CERTIFICATION AND COMME	NTS
1.	BY EMPLOYEE	
I CE	RTIFY THAT I HAVE SEEN SECTIONS A, B, AND SIGNATURE OF EMPLOYEE	C OF THIS REPORT
DATE	SIGNATURE OF EMPLOTEE	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN	IF THIS REPORT HAS NOT BEEN SHOWN TO EN	MPLOYEE, GIVE EXPLANATION
UNDER MY SUPERVISION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	-	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

Approved For Release 2004/08 F11-60 A-RDP67-00134R000200050009-4

				NESS I	EDODT				EMPL	OYEE SERIAL NUM	IBER
			- FIII	ME22 K	REPORT						
SECTION A					G	ENERA					
1. NAME	((Last)	(Firs	st)	(Middle)	2. DA	TE OF BIRTH	3. SEX	4. GR	ADE 5. SD	
6. OFFICIAL	POSITI	ON TITLE				7. OF	F/DIV/BR OF	A SSIGNMENT	8. CU	RRENT STATION	
						10, 0	HECK (X) TYPE	OF REPOR	<u> </u>		
		OF APPOINTM		TEN	APORARY		INITIAL	· · · · · · · · · · · · · · · · · · ·	.	REASSIGNMENT SU	PERVISO
CAREEI	I	VISIONAL (See				_	ANNUAL		 	REASSIGNMENT E	MPLOYEE
SPECIA			111011111111				SPECIAL (Spe	cify):			
11. DATE REP						12. R	EPORTING PER	RIOD (From-	to-)		
SECTION B					PERFORMAN						
W - <u>Weak</u>	p:	ositive remed robation, to re	ial actio eassignm	on. The n ment or t	nature of the a to separation.	oction co Describ	uld range trom e action taken	or proposed	to tur I in Se		iacing an
A - Adequate	e	xcellence.								either by deficien	cy nor
P - <u>Proficie</u>							lts are being p	roduced in a	protic	cient manner.	
S - <u>Strong</u>		Performance is						.1 tn .co.		+- +h- narforma	6
O - Outstand	ding P	Performance is others doing si	so exce imilar wa	eptional i	in relation to warrant spec	requirem ial recog	ents of the wor nition.	rk and in coi	mparis	on to the performa	nce or
						IFIC DI					
	ich emp ory res	ployee perforn sponsibilities	~ E & C H	Henacific	c duty. Consi	ider ONL	Y ettectivenes	s in pertorm	iance (er which best desc of that duty. All e ees supervised).	RATING
											LETTEF
SPECIFIC DUT	LA NO'	2									RATING
SPECIFIC DUT	TY NO.	3									RATING LETTER
SPECIFIC DU	TY NO.	4				-					RATING LETTER
SPECIFIC DU	TY NO.	5									RATING LETTER
SPECIFIC DU	TY NO.	6									RATING
			0	FRAIL	DEDEORM	NCE IN	CURRENT	PACITION			
formance of	specif	fic duties, pr ns or talents. the rating box	out the e oductivit Based o correspo	employee ity, condi an your oonding to	which influer uct on job, co knowledge of o the statemer	nces his aaperativ f employent which	effectiveness reness, pertine	in his curren ent personal erformance o y reflects hi	traits during is leve	tion such as per- s or habits, and the rating period, of performance. 50009-4	RATING

GROUP 1 Excluded from automot downgrading and

SECRE | (When Filled In)

SECTION C	I For Release 2004/08/17 : CIA-RD P	§ 7-00134R000200050009-4
Indicate significant strengths ar we overall performance. State suggest	aknesses demonstrated in current pasition k ians made for improvement of wark perfarma required far current pasitian. Amplify ar ex	eeping in proper perspective their relationship ta nce. Give recammendations for training. Comment plain ratings given in Sectian B to pravide best eriol ar supervisary duties must be described, if
<u></u>		
SECTION D	CERTIFICATION AND COMM	ENTS
SECTION D	CERTIFICATION AND COMM	ENTS
1.		
1.	BY EMPLOYEE	
1. I CE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE	
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR	ND C OF THIS REPORT
1. I CE DATE 2.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT
1. I CE DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AI SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	ND C OF THIS REPORT

Approved For Release 2004/087 GREGIA-RDP67-00134R000200050009-4

				,	EMPL	OYEE SERIAL N	UMBER
	F	ITNESS REPORT					
SECTION A		Gl	ENERAL				
1. NAME	(Last) (First) (Middle)	2. DAT	OF BIRTH 3. SEX	4. GF	RADE 5. SD	
3							
6. OFFICIAL POSI	TION TITLE		7. OFF	DIV/BR OF ASSIGNME	NT 8. CU	RRENT STATION	
9. CHECK (X) TYF	PE OF APPOINTMENT		10. CHE	CK (X) TYPE OF REP	ORT		
CAREER	RESERVE	TEMPORARY	1	NITIAL		REASSIGNMENT	
CAREER-PF	ROVISIONAL (See instru	ctions - Section C)		NNUAL		REASSIGNMEN	T EMPLOYEE
SPECIAL (S	pecify):		1 1	PECIAL (Specify):			
11. DATE REPORT	DUE IN O.P.		12. REI	ORTING PERIOD (From	n- to-)		
SECTION B		PERFORMAN					
W - <u>Weak</u>	positive remedial ac probation, to reassi	from wholly inadequate to tion. The nature of the a gnment or to separation.	Describe	action taken or propo	sed in Se	ection C.	process on
A - Adequate	excellence.	all requirements. It is en					iency nor
P - Proficient		than satisfactory. Desi			n a profi	cient manner.	
S - <u>Strong</u>	Performance is char	acterized by exceptional	proficienc	y.			
O - Outstanding	Performance is so e others doing similar	xceptional in relation to work as to warrant speci	requirement ial recogni	ts of the work and in	comparis	son to the perior	mance of
		SPEC	IFIC DUT	TES			
SPECIFIC DUTY N		F be rated on their ability	y to superv	se (marcate number (on emproy	your supervisors.	RATING
SPECIFIC DUTY N	10, 2						RATING
SPECIFIC DUTY N	10. 3						RATING
SPECIFIC DUTY N	NO. 4						RATING
SPECIFIC DUTY N	NO. 5		, , , ,				RATING
SPECIFIC DUTY I	NO. 6						RATING LETTER
		OVERALL PERFORMA	ANCE IN	CURRENT POSITIO)N		
formance of spe	nt everything about the scific duties, productions or talents. Bas in the rating box corr	to employee which influer Plvity, conduct on job, conduct on the statement or Release 2004/08/	nces his ef cooperative f employee nt which m	fectiveness in his cu ness, pertinent perso 's overall performan ost accurately reflect	rrent pos nal trait ce during s his lev	the rating peri el of performan	od.

GROUP 1
Excluded from automat
downgrading and
declassification

SECRET (When Filled In)

SECTION C Approved	For Release 2003 BASTLYE EPAINED TO	7-00134R000200050009-4
Indicate significant strengths or woverall performance. State suggestion foreign language competence, if	reaknesses demonstroted in current position ka stions mode for improvement af work performon frequired for current position. Amplify or exc	eeping in proper perspective their relationship to ice. Give recommendations for troining. Comment ploin rotings given in Section B to provide best riol or supervisory duties must be described, if
SEPTIME TO SEPTIME		
	t.	
SECTION D	CERTIFICATION AND COMME BY EMPLOYEE	NTS
1.	BY EMPLOYEE ERTIFY THAT I HAVE SEEN SECTIONS A, B, AN	D C OF THIS REPORT
DATE	SIGNATURE OF EMPLOYEE	
2.	BY SUBERVICOR	
MONTHS EMPLOYEE HAS BEEN	BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E	MPLOYEE, GIVE EXPLANATION
UNDER MY SUPERVISION		
=	THE P OF CURPOURD	T ===
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
DATE		TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3. COMMENTS OF REVIEWING OFFICIA	BY REVIEWING OFFICIAL	
3.	BY REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE